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## BIB DATA SHEET

CONFIRMATION NO. 7506

<b>SERIAL NUMBER</b> 10/763,540	<b>FILING or 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> UC1.PAU.32		
<b>APPLICANTS</b> Guann-Pyng Li, Irvine, CA; Mark Bachman, Irvine, CA; Abraham Phillip Lee, Irvine, CA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/442,220 01/24/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/28/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RENE T TOWA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> MYERS DAWES ANDRAS & SHERMAN, LLP 19900 MACARTHUR BLVD., SUITE 1150 IRVINE, CA 92612 UNITED STATES						
<b>TITLE</b> Micro medical-lab-on-a-chip in a lollipop as a drug delivery device and/or a health monitoring device						
<b>FILING FEE RECEIVED</b> 666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			

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